STATE TITLE V BLOCK GRANT NARRATIVE
STATE: AS
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Assurances and Certifications are kept on file at the MCH office.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

PUBLIC INPUT

An advisory committee was convened in order to review the Application and Needs Assessment. The Committee consists of a Health Planner, a Nutritionist and a consumer. They reviewed the plan in draft form and will continue to provide input into the plan after its submission. Their input was taken into consideration when developing the annual plan. Further, the Block Grant Application in its entirety was made available for public review. Availability of the document at the Health Department was advertised in the daily newspaper.

Beginning in 2003, the public input requirement was strengthened by providing a public viewing which was advertised well in advance in the Territory's newspaper. This public viewing takes place annually. Additionally, 3 partners to Title V conduct a thorough review and make helpful recommendations.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

III. STATE OVERVIEW
A. Overview of the State

The seven islands of American Samoa lie just below the Equator, approximately 2,300 miles southwest of Hawaii and 1600 miles northeast of New Zealand. American Samoa is the only United States territory in the Southern Hemisphere. The majority of the population lives on the main island of Tutuila. Tutuila is nearly 18 miles long and just less than 3 miles wide at its widest point.

The total population of the territory of American Samoa according to the 2000 Census was 57,291. American Samoa's population increased by 10,518 over the previous census in 1990, representing a 22% growth rate over the 10 year period. Most rapid growth was in Tualauta County which experienced a 50% growth in 10 years. Population estimates show that if this rate of growth remains consistent, the current mid-census population of 2005 would be 63,593.

Two of the islands of American Samoa are atolls, one of which is a marine wildlife and bird sanctuary called Rose Island, and the other, Swains Island, is owned by an individual family. Swains Island is currently inhabited by less than twenty persons and is used primarily for coconut production.

The other five islands are of volcanic origin, with steep mountains rising sharply from the sea. Geologically, the island group is a chain of submerged dormant volcanoes with only the peaks rising above the ocean's surface. This topography allows for comparatively little flat land for agricultural production and for industrial, commercial and residential development. Virtually the entire population is concentrated in villages that are located along the narrow strip of flat land that fringes the coastlines of these volcanic islands. A dense tropical forest covers the mountainous interiors of the islands.

The climate of American Samoa is tropical with two distinct seasons. The first is a relatively cool dry season coinciding with the fall and winter months of the southern hemisphere, and the second is the hot, humid and rainy season coinciding with the spring and summer months (October through March). The heaviest rainfall is concentrated in the months of December through March, and the average annual rainfall is 160 inches. Summer months are also the hurricane season in American Samoa.

Statistical data showed that the percentage of the overall population actually born in the Territory had decreased in the decade between 1980 and 1990, reflecting an increase in migration. In 1980, 58.3 percent of the population was born in the Territory as compared to 54.7 percent in 1990. This trend appears to be reversing as the US 2000 Census shows that 56.7% of the population is actually born in American Samoa. A perception of the island Territory as being economically prosperous with a higher standard of living and increased work opportunities as compared to the relative lower standards of living among the neighboring island nations is largely responsible for this increase in migration.

According to the 200 Census, 66% of the Territory's population received a high school diploma or higher. 7.4% of the Territory's population received a Bachelors Degree or higher. 97.1% of the Territory's population speak a language other than English in the home, and for 90% of the population, that language is Samoan.

The population density of American Samoa is relatively high, about 774 people per square mile or 298 per square kilometer. This, however, is greatly intensified by the fact that the majority of the population is concentrated on less than 20 percent of the total land area of the territory. The population of American Samoa is also relatively young. The median age for the territory is 21.3 according to the US Census as compared to 33 for the U.S. population.

Social and Cultural Environment
Despite the effects of modernization and the heavy influence of materialism, the "fa'a Samoa" or the

"Samoan way" still shapes daily life and remains a point of honor and cultural identity to most Samoans. Fa'a Samoa reflects a complex social order, belief system and system of conduct which have survived since ancient times. Outsiders ignorant or insensitive to the demands of fa'a Samoa can be frustrated in their efforts to conduct business or implement programs locally.

At the core of the fa'a Samoa is the "aiga", an extended family headed by a "matai" or chief. Those related by birth, adoption, or marriage are recognized as belonging to one aiga, which may include hundreds of people. One's sense of identity, happiness, welfare and economic security, in large measure, are derived from the cohesiveness and strength of the aiga.

Another important component of the fa'a Samoa is the matai system, a pyramidal organizational structure which depends on a matai as administrator of the aiga. Elevation to the position of matai is based on a combination of factors including heredity, popularity, and ability. The authority of a matai is generally unquestioned, and he is expected to assign tasks, determine kinds and amounts of donations, allocate communal land, settle disputes and bring honor to his aiga. Respect for seniors and obedience to the matai are considered primary responsibilities of all members of the aiga.

Samoan villages tend to have well defined boundaries and are composed of various aiga, each with a matai. Villages are governed by a "fono" or council composed of matai. Within a village or district the matai system extends upwards in a pyramid model to include high chiefs, high talking chiefs and paramount chiefs.

A more modern yet significant element of the social structure is the widespread adoption of Christianity. Samoans embrace Christianity and incorporated it into their traditional culture with great enthusiasm. There are churches of various denominations in most villages and Samoans spend long hours in various worship activities. The ministers or faifea'us are highly influential and have a great deal of power within a community. For this reason, outreach activities to the community are often based within the context of the church.

Economic Environment

The economy of American Samoa is highly dependent upon the United States, receiving subsidies of more than $50 million per year. American Samoans account for approximately 46 % of the overall labor force while Western Samoans account for 38%. The Territorial government employs approximately 40 percent while the islands two tuna processing and packing plants employ approximately 20 percent. The minimum wage for various industries is reviewed every two years. In 1996, minimum wages ranged from a high of $3.75 per hour to a low of $3.36 per hour for those in the fish canning and processing industry. The U.S. Bureau of Census has determined that approximately 60 percent of the population of American Samoa is below the poverty level. The US 2000 Census also reports that the percentage of families with children under 5 years of age who live below the poverty level is 67.3%.

The 2000 Census indicated that there are 9,349 households in American Samoa, 60% of which live below the poverty level. The percent of all persons qualifying for poverty status according to Federal guidelines is 60%. Moreover, greater than 90% of families below the poverty level have children under 18 years of age.

According to the US 2000 Census, the overall median family income was $18,357.

Communication

A local server offers Internet access to island residents. While many government agencies and some other organizations have begun to use the Internet as a means of accessing communication and information, it's use as a means to communicate from such a remote island, is yet under-developed. At times, the local server is down for maintenance and troubleshooting for extended periods of time.

The Health Department is, therefore, linked to the server at LBJ Tropical medical Center and experiences fewer problems and "down time" as a result.

Many families on the island do not have use of a telephone. Sometimes one telephone is used as a contact number for an entire cluster of houses. Other families use the telephone at small bush stores for occasional phone calls. Many other families simply have no real need for a telephone and, therefore, rely on word of mouth, or the radio and TV for accessing information.

In recent years, a cellular telephone service opened on island. The majority of clients are government workers, government officials and business people.

B. AGENCY CAPACITY

B. Agency Capacity

Until 1998, the Territorial health system was a unified, government owned and operated, centrally controlled system, which included health promotion, disease prevention, environmental protection and acute care diagnostic and treatment services. All health services were delivered through the Health Department, which was comprised of the island's only hospital and the Division of Public Health. In 1998, the Executive Branch initiated a division between the Hospital and Public Health by creating the Hospital Authority as a separate entity from the government.

LBJ Tropical Medical Center is the only hospital in the Territory. In the past few years, a few general practice physicians have opened offices in the private sector offering evening hours. LBJ Tropical Medical Center houses a pediatric clinic, OB/GYN clinic/ and ENT clinic, a medical clinic, surgical clinic and a dental clinic in addition to an emergency room which functions more like a general practice day clinic. An operating room and delivery nursery suite are located within the hospital complex and approximately 98% of all births take place within the hospital.

Basic preventive health services are delivered through 5 village dispensaries, which are operated by the Department of Health. All health promotion and prevention services are offered free of charge to the public while acute care services are heavily subsidized by the American Samoa Government. The entire population of American Samoa is provided health care services regardless of ethnicity or income status. However, many other factors adversely influence access to health care:

*Remoteness of many areas of the island
*Lack of good roads in rural areas
*Lack of transportation to many rural areas.
*Cultural isolation in the case of Tongans, Western Samoans and Fijians.

In 2001, one of the major health dispensaries closed indefinitely for extensive repairs. The village dispensary was formerly located in Tualauta County, which is a high-need rural area characterized by overcrowding and overall poor living conditions. The dispensary moved operations to a temporary site on the grounds of the hospital. Title V staff have observed that the dispensary appears to be functioning successfully. Renovations to this facility were be completed and services resumed in Tualauta County.

A new federally-funded health care clinic was constructed and opened in 2003 (Tafuna Health Center). All services will be transferred from the older village dispensary to that new location.

Title V has played a monitoring role and will and evaluate the impact of the CHC on the MCH population. The Health Center is situated in one of the most densely populated and congested areas on the island. This Health Center will serve a population, which is considered high risk for negative health outcomes. Further, the CHC will use Perinatal Outreach Workers in an effort to improve perinatal outcomes. The CHC is located in the Western District of the island. The Western District of the island has a population of 32,435. However, Tualuta County, which is located in the Western

District, has a population of 22,025.

Telehealth
In 2000, equipment was procured through funding from HRSA Office for the Advancement of Telehealth in order to facilitate health care services to the population the outer islands of Maun'a via video conferencing. The equipment was successfully installed. However, plans to utilize the equipment were severely delayed due to technical difficulties. Title V continues to play a monitoring and coordination role for this program. Partner agencies for this endeavor include the Department of Education and the Island's telecommunications company. In 2001, Title V facilitated a number of patient consultations between clients and families with various off-island hospitals.

Each categorical program funded by federal grants generally provides the health education efforts on the island. The Health Department is the grantee for a number of federal grant programs such as, Preventive Health Services Block Grant, HIV Prevention, Diabetes Control, TB Elimination, Tobacco Control and several others in addition to Title V: Maternal and Child Health Block Grant (MCH Block) and State Systems Development Initiative (SSDI). Health education at the village level or through use of the media tends to focus on the very specific issues of the program it is initiated by. Each of these federal programs, however, increases the Health Department's capacity by reaching the Title V population through health education and screening efforts specific to the individual program.

Title V operates within this overall context by providing preventive health primary care services to the Territory's population of women, infants, children and children with special health care needs. The Title V Administrator works closely with the Director of Health and Department Health Planner as well as the Health Information System Division in order to determine the importance, magnitude, value and priority of competing factors upon the environment of health services delivery in the Territory. The Health Information System in collaboration with SSDI is currently working towards the development of a comprehensive data collection system, which will ultimately contribute to the overall health planning and resource allocation process. American Samoa is a small island Territory where collaboration is relatively easy and an increasingly close working relationship with the hospital contributes positively to the overall system of health care delivery to the population. The Title V Coordinator serves as member of the Child Health Insurance Initiative (CHIP) Planning Committee. As such, she is able to advocate for the Title V population and provide related health status data used in the planning process for allocation of CHIP funds. In this current year, CHIP funds will provide financial support for the Territorial Dental Health Initiative, which will include the hiring of 5 Dental Officers (graduates from the Fiji Program) 6 dental assistants, an orthodontist and some essential dental equipment for the outer islands of Manu'a. There are currently a total of 6 dentists which deliver dental health services to the MCH populations. The MCH Dentist provides preventive dental health services as well as some minor curative services at the WIC office during the summer months.

This description of the physical and cultural environment in American Samoa is meant to describe the overall context in which the development of the Title V program takes place. Often times, programs are developed at the national level with certain assumptions about the political, economic and cultural environment in the respective "States." As a small island Territory in the Pacific, American Samoa offers a unique setting in which to implement a program with a national emphasis. To ignore the very unique environment of the Territory overall and the health care environment more specifically, would be an error, which would seriously compromise program success. It is the overall goal of the Health Department to develop Title V programs, which are replicable in all states and Territories, while also reflecting the very unique setting found in American Samoa.

C. ORGANIZATIONAL STRUCTURE

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The Department of Health is one of 30 Departments in the overall Territorial Government. As such, the Director of Health serves on the Governor's cabinet and acts in an advisory role to the Governor

with all matters pertaining to health issues in the Territory.

The Title V MCH Project Coordinator is placed directly under the Director of Public Health Nursing within the Community Health and Nursing Division. The MCH project Coordinator oversees the implementation and administration of all programs with allotments under Title V, including CSHCN. The MCH Coordinator is immediately responsible for ensuring activities are implemented, monitored and evaluated, works closely with all Title V staff, oversees the Title V reporting systems and works under the direct supervision of the Director of Community Health and Nursing. The CSHCN Program is placed directly under the MCH Coordinator.

Title V staff include 16 full time employees, inclusive of central office staff as well as out-stationed staff. In addition to Title V leadership, staff are organized into the following programs:

- Prenatal
- Well Baby
- CSHC
- Health Education
- Immunization
- Dental Health Services
- Nutrition

In addition to the above-mentioned 16 staff members who deliver services to the population of women, infants and CSHCN, Title V leadership staff includes the following:

- Utoofili Aso Maga, MPH, MPA

Director, Department of Health
Mr. Maga has worked in the Department of Health for many years. He began his tenure with the Department in the environmental services division. He left the island to attend the University of Hawaii at Manoa in the master of public health program. Upon his return, he served as deputy director of the department until he was appointed by the governor as director of health in 2005.

- Ms. Tu'u Maiava, BSN, RN

Director, Community Health and Public Health Nursing
Ms. Maiava graduated from Arizona State University in 1990 with a Bachelor of Science degree in Nursing. In 1992, she returned to the Territory in order to assume the position of MCH Health Educator. She held this position for 5 years at which time she was selected as Quality Assurance and In service Specialist for Public Health nursing. From 2003 to 2005 she served as the Director of the Tafuna Family Health Center. In 2005, she was appointed to the newly vacated position of Director of Community Health and Nursing.

- Ms. Jacki Tupua Tulafono, BA

MCH Coordinator
This individual takes immediate responsibility for ensuring that all Title V activities are implemented, monitored and evaluated. She works closely with all Title V staff, oversees the Title V reporting systems and works under the direct supervision of the Director of Community Health and Nursing. She performs continuous monitoring and evaluation functions of Title V programs and their activities.

- Nita Misi, ASN, RN

In-Service Coordinator
Ms. Misi was moved into this position in 2000. She coordinates in-service activities for all Title V staff. She acted as the coordinator of CSN program prior to her appointment as Inservice Coordinator.

D. OTHER MCH CAPACITY

D. OTHER MCH CAPACITY
Pregnant women, mothers and infants-
Program capacity for this population group includes well baby/well child clinics, immunization services, and pre-natal and post-partum clinics. These services are provided in the 5 dispensaries located on the main island of Tutuila and the outer islands of Manu'a. The Public Health and MCH staffs provide physical evaluations, conduct screenings for risk factors, and provide health education on a variety of topics including nutrition, common infectious diseases, breastfeeding, family planning and healthy pregnancies. The MCH Health Educator visits the prenatal and postpartum clinics weekly to discuss poor prenatal outcomes and to provide general counseling on a wide range of topics. Further, individualized, health education is conducted on a case by case basis.

One of the main dispensaries located on the most densely populated areas of the island, closed permanently due to the opening of the Community Health Center in Tafuna. This Health Center is centrally located in the same county. Title V leadership played a coordinating and planning role towards the development of primary health care activities in the Community Health Center. The impact of the Health Center is an increase in Title V capacity by offering high quality preventive health services and perinatal outreach services in the most densely populated area of the island.

The health education team develops health education materials for translation into Samoan. Flip charts have been produced which cover the following topics: discomforts of pregnancy, what to expect at first visit, "healthy do's and don'ts during pregnancy," and breastfeeding tips. The Team has also produced a pamphlet specifically related to prenatal care. This pamphlet is translated into Samoan. The Nutrition Program translates health education materials into Samoan language as well. Topics include "5 a Day," breastfeeding and other general nutrition information. Radio spots concerning early prenatal care are aired in both English and Samoan. The Health Education Team also uses educational videos at the dispensary regarding pregnancy and prenatal care. Posters and pamphlets are important teaching tools during health education campaigns and individual teaching episodes alike. Translation of materials into Samoan is an important component of the services provided by Title V.

All high-risk pregnant women who are referred from other health services are provided appropriate health education. Health education is provided in the following areas: nutrition, anemia, basic hygiene, weight control, toxemia, gestational diabetes, hypertension, breastfeeding and prenatal care. High-risk pregnant women are also referred to the other health promotional programs within the department for more targeted, specified health education. An example of this is the collaboration between Title V and the Diabetes Control Program. Women with gestational diabetes are referred directly to the Diabetes Control Program for counseling and follow-up.

Title V has also formed a linkage with the Diabetes Control Program through the involvement of the MCH Nurse Practitioner. She serves as a key member of the Diabetes Task Force and in this role has assisted in the creation of a system of care for gestational diabetics. This Program had been under the jurisdiction of Public Health Nursing. Additionally, the MCH Nurse Practitioner serves as a member of the Behavioral Risk Factor Task Force within the diabetes program. In this role, she participates in a weekly health related news show. Gestational diabetes is included as a topic in this forum. Proper nutrition and initiation of early prenatal care are emphasized.

Public education activities include the use of mass media such as TV, radio, and newspapers to promote healthy lifestyles and to enhance awareness of maternal-child health issues, and proper nutritional practices. Hemoglobin assessments for anemia screening of children six months and older are provided during well baby and child clinic and at WIC assessment. Women are also assessed for anemia and other problems in the postpartum period at the village dispensaries.

The Tafuna family health center staff promotes physical fitness through supporting and promoting

regular aerobics programs monitoring the progress of participants by measuring weights and blood pressures and blood sugar every three months. Breastfeeding education and nutritional counseling are made available to all prenatal and postpartum clients throughout pregnancy and after. These services are provided in health centers, at LBJ Tropical Medical Center, and at WIC. In the past, MCH has assisted in the development of breastfeeding health education modules for the maternity ward nurses to use with women who are being discharged. Additionally, the Nutrition Division staff continue to offer breastfeeding education 7 days per week in order to reach newly postpartum women. The prenatal women are reached through participation of the Nutrition staff during prenatal care clinics.

Efforts to increase the rate of mothers breastfeeding exclusively after delivery include working with the Hospital Administration and providers in the Nursery and Maternity Wards to implement the Baby Friendly Hospital Initiative. Nursery/Maternity feeding policies that address breastfeeding have been drafted and were approved in 2003. This policy also seeks to ban formula and formula paraphernalia from the hospital premises.

Additionally, the Nutrition Program gives each women a "health card" which allows women to monitor their weight and blood pressure at the aerobic sessions. Additionally, nutrition counseling and other instruction is provided as needed.

Children
The American Samoa Department of Health conducts well baby/child clinics in the various dispensaries; this includes the outer islands as well as the newly constructed and operational Amouli dispensary. To further expand Department capacity to provide well baby/child care, the MCH Program also expanded its medical staff by adding an additional physician to equal 3 MCH practitioners (2 physicians and a nurse practitioner).

The Maternal and Child Health Program provides most of the resources such as supplies and staff for all dispensaries. In well baby/child clinics weight, height, and head circumference are measured. Each child is assessed for developmental status, immunized, and given a physical exam by the MCH physicians and nurse practitioners at the one-month and nine month visits. Public Health nurses assess children ages 2 months, 4 months, 6 months, and 15 months. The MCH Program is provided with supplies through the funds provided to the Territory through the Medicaid Program. Local funds are also used for the purchase of supplies.

Health education provided by the Public Health nurses is based on the specific need of each individual child. When a child comes to a dispensary with a specific complaint, the caretaker is provided with information related the specific ailment. General information related to the child's overall growth and development is reserved for the scheduled well baby/well child visits.

The MCH Nutrition staff delivers one-on-one health education with caretakers of children 1-month-old, 6 months old and 1 year old. Children are also screened for hemoglobin. Those with results below recommended levels are referred to the MCH practitioner for further evaluation. The caretaker is given health education on the appropriate nutritional need of the child after hemoglobin is checked. Hemoglobin levels are routinely checked at 6 months of age. Those children with low hemoglobin are provided counseling and iron supplementation and followed up one month later for a re-assessment. Children with hemoglobin levels below 11 are given nutritional counseling and are re-assessed one month later. Those children with levels below 9 are provided with a prescription for iron supplements and are re-assessed one month later.

MCH provides educational material on proper skin and oral care, as well as prompt immunizations. Radio spots on dental care, immunizations and prenatal care are aired regularly. Health related TV programs are aired as a public education effort on topics related to baby and childcare, injury prevention, etc. MCH also coordinates efforts with the Dental Health Program to provide sealants for grade school children. The MCH Nutrition Program, in collaboration with the WIC Program, offers nutritional education to children and others in the WIC target population.

Population-based services targeted towards children include the provision of immunization clinics as well as other health education and health promotion activities. Daily immunization clinics are scheduled with well child clinics throughout the five dispensaries that serve the Tutuila and Manu'a population. Collaborative services of Early Childhood Education (DOE) and MCH Public Health provide full health assessments, which include dental screening for school children. The MCH School Health Program refers children with dental problems to the dental clinic for treatment. Sealants are provided for children in the third grade. This represents a cooperative effort between MCH and the dental outreach team.

American Samoa law requires that everyone is entitled to medical care at no or minimal costs. MCH provides immunizations, well child health screening, school health and village-based screening, prenatal and post-partum care, and health education. In an effort to improve the quality of care provided to MCH populations, procedural standards and policies for immunization and nursing care have been implemented at the dispensary level. Continuous training for MCH staff on well childcare and immunization were conducted. MCH staff was also involved in workshops conducted by the MCH Consultant, which included the development of policies and procedures for Well Baby/ Well Child Care, Prenatal Care and services to the CSN. Efforts towards dental health for children are funded through Title V as well as CHIP.

Children with Special Health Care Needs
Title V provides assessments of those children who are screened positive for having a possible chronic or disabling condition. Most assessments are conducted in the child's home, which is less threatening and less disruptive for the family than the clinic setting. Those children with chronic and debilitating conditions and their families are given special support and services through the CSN Program. The overall goal of the CSN Program is to encourage and empower children with special needs to live within their communities in an acceptable way and live to their fullest potential.

Occasional assessments and reviews are held during Well Baby Clinics. These assessments and reviews involve a holistic approach with counseling and advice on a range of issues: a. those relating specifically to the disability e.g. stimulation, positioning and handling, safety and b. those relating to general health e.g. immunization, hygiene, skin and dental care. Other direct services include: (a) In cooperation with Special Education services of the Department of Education, assistance given in developing family management plans and/or Individual Education Plans (IEP) either in school or at home visit. (b) Advice about special management, handling techniques and equipment is provided to teachers working in special education classes and teaching CSHCN in normal school classes. (c) Some gap filling medical treatment especially for epilepsy and muscle spasm is provided for individual patients during review assessments. (d) Regular visits are made to the respite care center in order to provide direct medical services for the severe and multiply disabled. The team members arrange referrals and facilitate access to other agencies or services to help meet particular CSN requirements.

E. STATE AGENCY COORDINATION

E. State Agency Coordination

The following Territorial Human Service Agencies are represented in American Samoa and are all under the jurisdiction of the Territorial government with the exception of LBJ Tropical Medical Center which is under the Hospital Authority, a semi-autonomous agency:

Hospital Authority - LBJ Tropical Medical Center
LBJ Tropical Medical Center Administrative Services - The Administrative Services of LBJ works with Title V by providing opportunities for tele-health video conferencing. This enables the Title V staff to consult with off-island consultants, participate in continuing education workshop opportunities etc. Further, the Health Department is able to connect to the LBJ Internet server in order to have continuous access to the internet.
OB/ Prenatal Care Clinic - The OB/Prenatal Care Clinic provides prenatal and postpartum care for the population of pregnant women living in the service area as well as follow up for high-risk cases which

are referred to that Clinic.
Mental Health - This is a department of LBJ Tropical Medical center. Mental Health Services possess the ability to diagnose and administer treatment to mentally ill clients.
Part C - The MCH Coordinator is a member of the interagency council for Part C. Title V staff who work with CSHCN coordinate services with Part C in the development of the Individual Family Service Plans. Part C staff provide services to the Title V population. (play therapy, assistance in the development of Individual Family Service Plans etc.)
Title XXI - Family Planning - Provides family planning services to the population of Title V. Furnishes data for program use.
Department of Human and Social Services - the Department of Human and Social Services is a Department of the Territorial Government. As such, the Director serves as an advisor to the Governor on all matters pertaining to the social services sector. As such, activities are coordinated between the Department of Human and Social Services and the Department of Health in the delivery of services to the Title V population and the provision of necessary data items in satisfaction of federal data requirements. The following divisions of the Department directly serve the Title V population:
WIC - the Supplemental Feeding Program for Women, Infants and Children offers nutritional education and counseling for mother and baby, breastfeeding education, developmental information for babies. Further, an in-house public health clinic offers comprehensive prenatal care. WIC assists the Title V programs in meeting data requirements in satisfaction of federal data reporting requirements.
Developmental Disabilities Planning Council - Acts as a member of the interagency team focused on meeting the needs of children with special health care needs. Assists families in the development of the Individual Service Plans.
Division of Vocational Rehabilitation - Acts as a member of the interagency team focused on meeting the needs of children with special health care needs.
Department of Education - assists in the provision of data, YRBS, assists in the enforcement of the child immunization law, assists in the coordination of the School Health Outreach Team as well as other school-based health education activities.
Special Education - Assists in meeting the service needs of the CSHCN population, assists in assuring that all services are provided to the CSHCN population, acts as a key member of the interagency team focused on the needs of CSHCN, assists in the development of Individual Family Plans for families of CSHCN.
Early Childhood Education - Assists in the enforcement of the Immunization law prohibiting children form entering school without immunization program clearance.
Elementary Education - assists in the enforcement of the Immunization Law prohibiting children from entering school without complete immunizations, assists families in the development if Individual Service Plans.
Office of Protection and Advocacy for the Disabled - assists in addressing needs of CSHCN.

F. HEALTH SYSTEMS CAPACITY INDICATORS

American Samoa Health Systems Capacity Indicators

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Each year, the development of this Title V application and annual report occurs over a period of several months and is representative of a collaborative effort of all MCH staff Members and leadership staff. Each health concern brought forth by MCH staff members is evaluated for the seriousness of the problem as well as the ability of Title V to impact the problem in a positive way. Each of the following 7 Performance Measures is directly correlated to each of the 7 Priority Needs.

SP1: Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

Activities for this performance measure include a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center will continue to use perinatal outreach workers in the Tualauta County area. The CHC will be offering an expanded prenatal care schedule, and women will continue to be offered prenatal are after working hours.

SP2 -To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.

The activities will be centered on the re-establishment of the Interagency Team to result in coordinated efforts towards the annual re-evaluation of CSHCN children. Individual home visiting will continue, appointments will be scheduled in order to conduct comprehensive assessments in the school setting or in the Respite Care Center in order to conduct comprehensive evaluations, which include the health care provider, and the CSN Team. As a further effort towards meeting this performance objective, the CSN team is exploring options for hiring a Physical Therapist/Occupational Therapist. Partner agencies such as the MCH Program and Special Education have discussed the possibility of cost sharing for a person in this position.

SP3 -To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinics who access dental health services.

Activities for this performance measure include a referral service between well child clinics and dental services in order to assure access to dental health services. Health education for well child visits will include dental care.

MCH staff, in cooperation with Dental services staff, plan to conduct a community awareness campaign, air radio spots and TV shows on oral health, continue to distribute free fluoride supplements and multivitamins through the well baby clinics. Education efforts will also focus on teaching parents and care givers. The dispensary staff will be trained in conducting dental screening as well as providing age appropriate education on oral health and hygiene. The MCH program will partner with the ECE program to promote optimal oral health among young children. A full time dentist has been assigned to provide services to the ECE population. The MCH Health education staff and the MCH Dentist will work closely with the ECE staff to coordinate activities for the dental health month, and continuous activities throughout the year. A protocol has been initiated in cooperation with Dental Health Services where 2-4 year old children who have observable dental caries at well-baby visits will be given immediate referral and follow-up on-site for dental care interventions.

SP4 -To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.

Activities for this performance measure include the development of education modules promoting breastfeeding, airing radio spots and TV programs focusing on the benefits of breastfeeding, proper nutrition during breastfeeding, and helpful tips for breastfeeding mothers. Health education materials for the dispensaries will be developed with the MCH hotline included for mothers to call if they need

additional assistance. Title V will partner with WIC to promote exclusive breastfeeding. Joint efforts will focus on breastfeeding education for clients and the distribution of breast pumps to mothers.

SP5 -To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

MCH staff will coordinate activities with the Tobacco Control Program during the Great American Smoke-out in November and World No-Tobacco Day in May. The MCH staff will work with DOE staff to initiate smoking prevention activities in the schools. A model will be developed for smoking prevention projects in the schools for which monetary support will be awarded. Schools interested in such a program are asked to apply.

SP6 - To increase the percentage of 1 year olds with low hemoglobin (less than 11)

In American Samoa, hemoglobin levels are routinely checked at 6 months of age. Those children with low hemoglobin are provided counseling and iron supplementation and followed up one month later for a re-assessment. Children with hemoglobin levels below 11 are given nutritional counseling and are re-assessed one month later. Current data from the Well Baby Clinics show that 54% of the infants tested had low hemoglobin.

In 2005, Title V will test 12 month olds in order to measure the impact of these interventions.

SP7 -To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

Activities for this performance measure include outreach activities to families of CSN in order to encourage them to access dental health services, home visits when needed, and special times for families to come to the dental clinic in order to assure privacy.

B. STATE PRIORITIES

B. State Priorities

The state priorities are specifically chosen using a wide variety of criteria. Perhaps the most important factor used by Title V in choosing the priority needs is the ability of Title V to positively impact the outcome. Title V leadership carefully weighs the magnitude of the problem as compared with the costs, both human and financial, in order to positively affect change. The priority needs, the National and or State performance measures provide a broad range of areas for Title V to concentrate its efforts.

The list of 7 state-selected priority needs are as follows:

-To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
-To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.
-To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinic who access dental health services.
-To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.
-To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

-To improve nutritional status of children within the first year of life
-To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

After the priority needs are determined, a state performance measure with reasonable, attainable annual goals are identified only after a determination that Title V does, indeed, possess the capacity to impact the issue in a positive way. The 2005 performance measures are as follows:

SP1: Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

SP2 -To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.

SP3 -To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinics who access dental health services.

SP4 -To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.

SP5 -To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

SP6- To increase the percentage of 1 year olds with low hemoglobin (less than11)

SP7 -To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	0	0	0	0	0

Notes - 2002

American Samoa does not conduct newborn screening and so cannot enter data for this measure.

a. Last Year's Accomplishments

American Samoa does not conduct newborn metabolic or hearing screening.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This Performance Measure is not applicable to American Samoa				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

American Samoa does not conduct newborn metabolic or hearing screening.

c. Plan for the Coming Year

American Samoa does not conduct newborn metabolic or hearing screening.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	30
Annual Indicator	0	0	NaN	NaN	0.0
Numerator			0	0	0

Denominator			0	0	147
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	35	40	45	50	50

Notes - 2002

American Samoa did not participate in the CSHCN SLAITS survey to report on this measure. In 2004 American Samoa will conduct it's own CSHCN survey and will be able to report on this measure.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The CSHCN Program ensures families are involved in decision making around the services they receive and are entitled to however there are no data collection activities currently in place.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. The CSHCN Program ensures families are involved in decision making around the services they receive and are entitled to.				**X**
2. Title V will recruit and hire a new Program Administrator for CSHCN Programs.				**X**
3. In 2005, a SLAITS-like survey will be conducted in order to determine the overall quality of life for CSHCN in American Samoa.				**X**
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
The MCH program is currently testing the SLAITS like survey developed to use locally. However these activities have been made difficult in the last year by the loss of the CSHCN Nurse and a delay in filling of the position. This difficulty is compounded by the shortage of nurses and qualified personnel.

Some questions were pilot-tested on our local population without success. Difficulties in translating complicated terms into the Samoan language proved to be an obstacle to effectively administering the survey.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006, a SLAITS-like survey will be conducted in order to determine the overall quality of life for CSHCN in American Samoa. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004 & 2005.

The MCH Program is in the process of screening applicants for the CSHCN Nurse/Case Manager position. In 2006 the CSCHN program will complete the testing phase of the survey and implement the SLAITS-like survey. It is anticipated data will be available for the next reporting cycle.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	0.0
Numerator	0	0	0	0	0
Denominator	0	0	0	0	147
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The MCH Program continues to serve as a medical home by providing ongoing assessments of all children in their homes, at the CSHCN Office, in respite care, or in the health centers as appropriate for their needs. The staff coordinates with the health center staff, parents and caregivers, as well as other service providers to assure age appropriate immunizations, annual re-evaluations, appropriate follow-up and referral services.

Enabling services are provided to CSHCN and their families. CSHCN staff continue to visit clients in their homes for annual re-evaluations but also for gap filling medical services that would otherwise necessitate a hospital visit. The CSHCN Staff provide health education appropriate to the clients needs which includes topics such as proper use of medications, nutrition, immunizations, and home care. The CSHCN staff ensure that children are up to date with their prescriptions, often taking care of necessary laboratory tests while clients wait in the CSHCN office rather than waiting at the hospital to be served. CSHCN staff continue to provide referrals of clients to specialty services in the hospital, to other service providers such as WIC and Food Stamp, Special Education and the Developmental Disabilities Counsel.

The CSHCN continue to attend rounds at the pediatric ward and nursery in order to increase early identification of children needing services. As a result the pediatricians and hospital staff are contacting the CSHCN program when a client is in need of follow-up after a doctor's appointment, of if a client has missed an appointment with a pediatrician. The CSHCN staff have also been instrumental in off-island referral cases for some severelly ill clients by finding family support services locally and abroad.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Program continues to serve as a medical home by providing ongoing assessments of all children in their homes, at the CSHCN Office, in respite care, or in the health centers as appropriate for their needs.		X		
2. The staff coordinates with the health center staff, parents and caregivers, as well as other service providers to ensure age appropriate immunizations, annual re-evaluations, appropriate follow-up and referral services.				X
3. CSHCN staff continue to visit clients in their homes for annual re-evaluations but also for gap filling medical services that would otherwise necessitate a hospital visit.		X		
4. The CSHCN Staff provide health education appropriate to the clients needs which includes topics such as proper use of medications, nutrition, immunizations, and home care.	X			
5. The CSHCN staff ensure that children are up to date with their prescriptions, often taking care of necessary laboratory tests while clients wait in the CSHCN office rather than waiting at the hospital to be served.		X		
6. CSHCN staff continue to provide referrals of clients to specialty services in the hospital, to other service providers such as WIC and Food Stamp, Special Education and the Developmental Disabilities Counsel.		X		
7. The CSHCN continue to attend rounds at the pediatric ward and nursery in order to increase early identification of children needing services.				X
8. The CSHCN staff have also been instrumental in off-island referral cases for some severelly ill clients by finding family support services		X		

locally and abroad.				
9. The MCH staff are active members of the Developmental Disabilities Planning Counsel, the Interagency Leadership Counsel now spearheaded by the University Center for Excellence (American Samoa Community College and University of Hawaii), as well as th				X
10. Title V will recruit and hire a new Program Administrator for CSHCN Programs.				X

b. Current Activities

The MCH staff continues all service activities as indicated above in addition to participating in other activities. The MCH staff are active members of the Developmental Disabilities Planning Counsel, the Interagency Leadership Counsel now spearheaded by the University Center for Excellence (American Samoa Community College and University of Hawaii), as well as the Advisory Counsel for the Part C Program. MCH staff have also become more engaged in the activities organized by community support groups active in the community.

c. Plan for the Coming Year

The MCH/CSHCN staff plan on hiring new staff member (CSHCN Nurse/Case Manager) to enable the program to offer services continually to the clients currently served. In 2006 the CSHCN SLAITS-like survey will be implemented and data collected program planning. The activities currently implemented will be continued in 2006. In addition, developing stronger partnerships with other service agencies is anticipated that will result in smoother coordination of services for the CSHCN clients.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			NaN	NaN	100.0
Numerator			0	0	147
Denominator			0	0	147
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

In American Samoa the government provides medical services to all at a minimal administrative fee. CSHCN clients receive services from the MCH Program at no charge while services at the hospital are subsidized by the Medicaid program. The MCH Program has no data on this measure at this time.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. In American Samoa the government provides medical services to all at a minimal administrative fee. CSHCN clients receive services from the MCH Program at no charge while services at the hospital are subsidized by the Medicaid program. Title V contin				X
2. SLAITS-like survey will be conducted in order to determine the percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program is in the process of piloting a survey that will ascertain overall quality of life and the financial impact of the cost of health care services to CSHCN clients and their families. Preliminary SLAITS-like surveys conducted proved to be problematic. The difficulties translating words into local languages as well as interviewing biases resulted in an inability to collect accurate data.

c. Plan for the Coming Year

In 2006 it is anticipated the SLAITS like survey will be implemented and the MCH Program will have data for this measure. The MCH Program Planner will work closely with MCH staff towards implementing the survey as well as planning measures to meet the expressed needs of our CSHCN families. The results of the survey will provide an evidence base that MCH can use to initiate policy changes in the way health and medical care services are provided to these children and their families.

In 2006, a SLAITS-like survey will be conducted in order to determine the percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public

insurance to pay for the services they need. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004 and 2005.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			NaN	NaN	0.0
Numerator			0	0	0
Denominator			0	0	147
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004 there was no data collection mechanism to capture this data. This data has been reported for other states and jurisdictions using the SLAITS survey. In 2004 American Samoa adopted its own version of the SLAITS survey to be implemented locally. The survey was piloted but surveyors found much more fine tuning was needed to make the survey culturally appropriate and understandable to the American Samoa population.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. In 2005, a SLAITS-like survey will be conducted in order to determine the Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.				X
2. The MCH Program continues to serve as a medical home by providing ongoing assessments of all children in their homes, at the CSHCN Office, in respite care, or in the health centers as appropriate for their needs.		X		
3. The staff coordinates with the health center staff, parents and caregivers, as well as other service providers to ensure age appropriate immunizations, annual re-evaluations, appropriate follow-up and referral services.				X
4. The CSHCN Staff provide health education appropriate to the clients needs which includes topics such as proper use of medications, nutrition, immunizations, and home care.			X	
5. CSHCN staff continue to provide referrals of clients to specialty services in the hospital, to other service providers such as WIC and Food Stamp, Special Education and the Developmental Disabilities Counsel.				X
6. The CSHCN staff have also been instrumental in off-island referral cases for some severelly ill clients by finding family support services locally and abroad.		X		
7. CSHCN staff continue to visit clients in their homes for annual re-evaluations but also for gap filling medical services that would otherwise necessitate a hospital visit.		X		
8. Title V will recruit and hire a new Program Administrator for CSHCN Programs.				X
9.				
10.				

b. Current Activities

Current Activities:
The MCH staff will continue to adapt the survey in 2005 and complete the implementation for reporting in 2006.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006, a SLAITS-like survey will be conducted in order to determine the Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004 & 2005.

In 2006 the MCH Program will work closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004 there was no data collection mechanism to capture this data. This data has been reported for other states and jurisdictions using the SLAITS survey. American Samoa did not participate in this survey.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. In 2005, a SLAITS-like survey will be conducted in order to determine the Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.				**X**
2. Title V will recruit and hire a new Program Administrator for CSHCN Programs.				**X**
3.				
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
In 2004 & 2005, some SLAITS-like surveys were conducted with this population. Many problems were encountered with the actual survey instrument. The lack of appropriate translation for very specific program-related words resulted in difficulties. Additionally, respondents were reluctant to reply unfavorably to CSHCN staff.

In 2005 the MCH Program works closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006, a SLAITS-like survey will be conducted in order to determine the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. Particular emphasis will be given to the satisfaction level of CSHCN and their families with particular emphasis on the quality of care and overall coordination of services required by this special population. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004 & 2005.

In 2006 the MCH Program will work closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004

Annual Performance Objective	87	80	82	82	70
Annual Indicator	80.3	60.5	69.9	83.7	89.0
Numerator	1146	1182	1393	1668	526
Denominator	1428	1955	1994	1994	591
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	85	90	91	92

Notes - 2004

Data for immunization coverage for the total population of 2 year olds was not available at the time of this report. The data reported reflects data reported from 3 of the 4 health centers. Data from the Tafuna Family Health Center was not available at the time of this report. The Tafuna Family Health Center serves the largest population in American Samoa. It is anticipated this data will be available before the end of the current reporting period.

a. Last Year's Accomplishments

In 2004, Title V provided direct health care activities by conducting well baby clinics, which are consistent with the national immunization schedule. All immunizations are administered at the well baby clinics. The MCH Family Nurse Practitioner and the MCH Physician conducted assessments of infant and children's overall health including immunization status. There are six dispensaries serving American Samoa. Title V provides supplies required for immunization services. Also in 2004, Title V facilitated and coordinated special village outreach clinics as an additional population-based activity. These village immunization clinics were greatly successful and were responsible for an approximate 10% increase in immunization rates for 2004.

For 2004, enabling activities included the maintenance of the "walk-in" policy. Further, an immunization "follow-up" policy has been maintained resulting in reminder phone calls being made to families who miss appointments. Additionally, Public Health Nurses go to children's homes that consistently miss follow-up appointments for missed immunizations. The Public Health Nurses conduct home visits to families who consistently miss scheduled appointments.

Infrastructure Building activities impacting Immunization includes partnerships with the local utility agency, ASPA. This partnership facilitated increasing public awareness by distributing magnets with the Immunization schedule to ASPA customers as they pay their bills. Also, ASPA included a segment on immunizations in their newspaper advertising campaing in 2004. In 2004 the Immunization program was able to participate in the health fair of one of the local canneries that employs two to three thousand people. Immunization information packets were disseminated at the health fare with the assistance of the ASPA health education staff.

MCH continues to work closely with the Immunization program to monitor the immunization coverage of all children through data collection and maintenance of the MCH Well Baby database. Each year, the MCH database is used to generate reports that are used to determine immunization coverage levels for each district and assess the need for additional activities to increase coverage in certain areas.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V provides direct health care activities by conducting well baby clinics, which are consistent with the national immunization schedule. All immunizations are administered at the well baby clinics.	X			
2. The MCH Family Nurse Practitioner and the MCH Physician conduct assessments of infant and children's overall health including immunization status.	X			
3. Title V provides supplies required for immunization services.	X			
4. Title V facilitates and coordinates special village outreach clinics as an additional population-based activity.			X	
5. TheTafuna Community Health Center, located in the most populous County on the island, offers high-quality preventive health care, including immunizations to the residents of that County.		X		
6. Maintenance of the "walk-in" policy for immunizations. Further, an immunization "follow-up" policy has been maintained resulting in reminder phone calls being made to families who miss appointments. Additionally, Public Health Nurses go to children's		X		
7. Form partnerships with the local utility agency, ASPA. This partnership facilitated increasing public awareness by distributing magnets with the Immunization schedule to ASPA customers as they pay their bills.			X	
8. Participation in the health fair of one of the local canneries that employs two to three thousand people. Immunization information packets are disseminated at the health fare with the assistance of the ASPA health education staff.			X	
9. MCH continues to work closely with the Immunization program to monitor the immunization coverage of all children through data collection and maintenance of the MCH Well Baby database. Each year, the MCH database is used to generate reports that are u				X
10.				

b. Current Activities

MCH continues to partner with the Immunization program and the Division of Community Health in order to monitor the immunization coverage for this population. MCH continues to offer Well Baby/Child clinics where infants and children are assessed by a physician and family nurse practitioner. At the Well Baby/Child clinics immunizations are administered by the nursing staff at each of the community based health centers. Age appropriate health education is also offered at this time, where parents are advised of the importance of immunizations and given an immunization schedule.

MCH is instrumental in the capture and collection of immunization data as well as maintenance of the Well Baby database that contains immunization data for all clients served. MCH and Immunization Program are working closely with the Nursing Administration to develop an electronic appointment system that will enable nurses to monitor missed appointments and follow-up those children who need to come in for their next scheduled immunization. This is a work in progress as the Nurses are familiarizing themselves with the use of computers and an electronic database.

c. Plan for the Coming Year

The MCH Program will partner with both the Immunization Program and the Child Care Program to visit the local day care centers and promote child health issues such as immunization. An MOA between these three service providers is being negotiated to enable the MCH and Immunization staff to work with day care providers to provide education for care providers and parents on the importance of immunizations as a preventive measure of child health. Through these efforts a referral system between the day care centers and MCH can be established for immunizations and other child health issues.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	24.7	24	23	22	22
Annual Indicator	20.9	14.3	22.8	18.9	22.0
Numerator	39	22	35	30	38
Denominator	1862	1542	1535	1587	1727
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	21	20	19	18	18

a. Last Year's Accomplishments

In 2004 the Family Planning Outreach Nurse worked in conjuction with the Family Planning Program and the Prevent Teen Pregnancy Coalition to address this measure. The Family Planning Ourtreach Nurse has continued to provide health education on abstinence to schools and community groups in an effort to decrease the rate of teen births. In addition, the Family Planning Clinic has opened its doors six hours a week after regular working hours to enable walk ins for teens wishing to obtain contraception, health education or counseling.

Radio spots continued to air on prevention of teen pregnancy with a number to call if there are any questions. TV programs continue to air discussing this problem in American Samoa, with advice for parents and the community on how to talk to their children about this very sensitive issue.

American Samoa is a Territory where religion and cultural influences are stongly observed. Family structure and ties have a strong influence on youth behaviors guiding them in their social activities. The outreach activities towards preventing teen pregnancy have focused on strengthening of the family structure, encouraging parents to spend more time with their teens in the home following the traditions of the culture and local religion. Community involvement has also been visible with parents getting involved and making themselves available as partners and mentors for other parents.

The newly opened Tafuna Family Health Center has also provided services to impact this measure. The MCH Women's health practitioner provides health education, counseling, and contraception at the center. The Tafuna Family health Center serves the most populated area on the island, also offering women's health outreach activities and health education.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Family Planning Ourtreach Nurse provides health education on abstinence to schools and community groups in an effort to decrease the rate of teen births.			X	
2. The Family Planning Clinic has opened its doors six hours a week after regular working hours to enable walk ins for teens wishing to obtain contraception, health education or counseling.		X		
3. Radio spots continue to air on prevention of teen pregnancy with a number to call if there are any questions.			X	
4. TV programs continue to air discussing this problem in American Samoa, with advise for parents and the community on how to talk to their children about this very sensitive issue.			X	
5. The Tafuna Family Health Center also provides services to impact this measure. The MCH Women's health practitioner provides health education, counseling, and contraception at the center. The Tafuna Family health Center serves the most populated area	X			
6. MCH staff continue to be active members of the Prevent Teen Pregnancy Coalition.				X
7.				
8.				
9.				
10.				

b. Current Activities

All activities from 2004 continue in 2005. MCH staff continue to be active members of the Prevent Teen Pregnancy Coalition. This coalition has been visible in the community through outreach activities in schools, churches and community gatherings as well as the media. Family Planning services continue to be offered at the Family Planning clinic and are offered at the Tafuna Family Health Center which is located in the most populated area of the island. Contraception, health education and counseling are available there by the MCH Women's Health Nurse Practitioner and the other health care providers.

c. Plan for the Coming Year

In 2006 the activities from the previous years will continue. MCH will work closely with the Tafuna Family Health Center and the Family Planning program to explore alternative options to reaching the teen population to address this issue as well as promote community involvement. Health education efforts through the media, posters, and community outreach will continue. MCH Staff will continue to be active members of the Prevent Teen Pregnancy Coalition.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	45	50	52	53	55
Annual Indicator	64.1	82.5	61.8	40.7	20.8
Numerator	903	458	254	425	234
Denominator	1408	555	411	1043	1127
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	35	40	45	50	60

Notes - 2002

The data reported for this measure is provisional until more complete data is obtained. The data currently reported reflects only those children who were seen by the MCH Dentist on the Western side of the island.

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004, population based services included the continued provision of protective sealants for children in the first grade with follow up assessments in all subsequent grades through eighth grade. The MCH Dentist continued to work closely with the LBJ Tropical Medical Center Authority - Dental Outreach team in order to provide fissure sealants, fluoride treatments, dental restorations and dental health education to children in the first, third, and eighth grades in the school setting. In addition, the MCH Dentist distributed free toothbrushes to children seen in the schools.

The MCH Dentist is also the technical advisor on all oral health education efforts and provides training to dispensary nurses on conducting dental screening during the well baby/child clinics. These are infrastructure-building activities.

Referrals to the LBJ Dental clinic are made for children requiring advanced dental treatments that may require surgery. This is an enabling activity.

In 2004 approximately 20% of all third graders received sealants from the MCH Dentist. Progress in this measure is slow due to the high number of school children requiring curative services such as extractions and fillings. The School Dental Team has also been hindered by failing portable dental equipment. The equipment currently in use is in disrepair and appropriate maintenance of the equipment is not available on island. Many more children may have received services properly functioning equipment.

The MCH Dentist and health education staff hosted activities for Dental Health Month by increasing media coverage on oral health, conducting outreach to day care workers on oral hygiene and proper nutrition for ealy childhood, and a poster contest on oral health. Community participation was also noted this year in support of the poster contest and calls to the MCH hotline with questions and requests for outreach.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V continues to provide protective sealants for children in the first grade with follow up assessments in all subsequent grades through eighth grade.	X			
2. The MCH Dentist works closely with the LBJ Tropical Medical Center Authority - Dental Outreach team in order to provide fissure sealants, fluoride treatments, dental restorations and dental health education to children in the first, third, and eighth	X			
3. The MCH Dentist is also the technical advisor on all oral health education efforts and provides training to dispensary nurses on conducting dental screening during the well baby/child clinics.				X
4. Referrals to the LBJ Dental clinic are made for children requiring advanced dental treatments that may require surgery.				X
5. The MCH Dentist and health education staff hosted activities for Dental Health Month by increasing media coverage on oral health, conducting outreach to day care workers on oral hygiene and proper nutrition for ealy childhood, and a poster contest on			X	
6. Community participation was also noted this year in support of the poster contest and calls to the MCH hotline with questions and requests for and calls to the MCH hotline with questions and requests for outreach.			X	
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
The MCH Dentist, School Dental Team and Health Education staff will continue to promote oral health through media campaign and community outreach. Additional funding for children's oral health has been requested to increase the number of portable sealant units for third graders and for the development of curriculum on early childhood oral health.

In the summer months the MCH Dentist also provides services to children accessing WIC and CSHCN clients. The Dentist and the Health Educator will continue to provide oral health education through outreach activities throughout the remainder of 2005.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006 the MCH Dentist and health educator will continue to provide oral health education using the radio and television. Outreach activities to community groups and day cares will

continue in 2006. A referral system between Prenatal Clinics, the CSHCN and Well Baby clinics will be established in 2006. The referral system aims to increase the number of infants and children who receive preventative dental services, and to promote the first dental visit for infants at age 1. Increased education on oral health will also be implemented for the MCH clinics by adopting the Bright Futures in Oral Health for all clinics.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	7.5	7	6	6	5
Annual Indicator	5.8	5.9	8.8	7.3	7.1
Numerator	4	4	6	5	5
Denominator	69445	67692	67977	68176	70391
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	6	6	5	5	4

Notes - 2002

Although the target for this measure was not met Title V staff are investigating the rise in number of deaths due to MV crashes.

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004 The MCH Program partnered with the Department of Public Safety to host public awareness and education sessions to parents and caregivers attending Well Baby Clinics. The highway safety officers came to the Well Baby Clinics to talk about vehicle safety for children, disseminated health education materials and incentives, as well as information on how to purchase car seats at a discounted price from the highway safety program.

The MCH Program promoted child vehicle safety through educational efforts in the clinic setting and the development of a media campaign on this topic. Motor vehicle safety is a topic covered by the health education modules of the Well Baby/Child Clinic.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. The MCH Program partners with the Department of Public Safety to host public awareness and education sessions to parents and caregivers attending Well Baby Clinics.			X	
2. The highway safety officers come to the Well Baby Clinics to talk about vehicle safety for children, disseminate health education materials and incentives, as well as information on how to purchase car seats at a discounted price from the highway saf		X		
3. The MCH Program promotes child vehicle safety through educational efforts in the clinic setting and the development of a media campaign on this topic.			X	
4. Motor vehicle safety is a topic covered by the health education modules of the Well Baby/Child Clinic.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
The program activities in 2004 are continued in 2005.

c. Plan for the Coming Year

Plan for the Coming Year:
The MCH Program will continue to partner with the Department of Public Safety Highway Safety program in order to promote child vehicle safety. The Well Baby Health education modules will continue to cover vehicle saftey for all infants and children attending Well Baby Clinics.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	71	73	15	10	10
Annual Indicator	58.1	10.9	6.5	9.2	23.3
Numerator	276	96	105	58	57
Denominator	475	877	1627	631	245
Is the Data Provisional or				Final	Final

Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	12	12	14	14

Notes - 2002

This measure has been increasingly difficult to impact. Although in 2003 a poilicy change was made systematic changes in the hospital setting have not yet been implemented. Title V continues to work with the LBJ Tropical Medical center on systems changes that will positively impact this measure.

Notes - 2004

The data reported in this measure does not reflect total number of mothers rather it reflects the data available on a sample of these mothers. This data is collected by the maternity ward nurses of the hospital and due to a severe nursing shortage data collection has become inconsistent during this reporting period.

a. Last Year's Accomplishments

Last Year's Accomplishments:
As a direct healthcare intervention, women were educated to the benefits and proper techniques of breast-feeding in prenatal and OB/GYN clinics, on the maternity ward following delivery. Information on anticipated problems encountered during breast-feeding such as cracked nipples, engorgement, and infection was emphasized. Proper breast-feeding techniques continued to be emphasized as well as what mothers can expect while breast-feeding.

Population based activities included a variety of individual and group level education presentations on the importance of breast-feeding. These were conducted by the Department of Health Nutrition staff. Health education on breastfeeding was also conducted in the Prenatal clinics. The MCH Program continued efforts in order to lay a solid foundation of education and information on breastfeeding during the prenatal period in order to help mothers choose exclusive breastfeeding as a feeding method. The MCH Program continued to make breastfeeding a priority area in its health education efforts at the community level as well.

In 2004, the MCH Staff was instrumental in the establishment of a breastfeeding policy in the hospital setting. The MCH staff were key members of the breastfeeding committee with joint membership from the OBGYN, pediatrics, and nursery departments in the hospital and MCH staff.
However, the hospital administration implemented a significant increase in the administrative fee it charges for schedule for admissions for non-residents. The unfortunate result is that mothers are highly motivated to be discharged from the maternity ward before the standard 24-hour period. However, as their babies are allowed to remain in the care of the hospital staff, this results in babies remaining in the nursery whose mothers have already been discharged. The further impact is the obvious necessity of the nurses to give babies bottles in absence of the lactating mother. Therefore, the urgency of additional policy development in this area is well recognized by Title V leadership staff. The breastfeeding committee continues to explore alternate options to enable and encourage mothers to breastfeed at discharge despite identified barriers.

The MCH staff also played a leadership role in requesting technical assistance from WHO on conducting a needs assessment on infant and young child feeding in American Samoa. A consultant from WHO implemented a needs assessment identifying the infrastructural barriers to breastfeeding, as well as provide a workshop on her findings and recommendations to an audience of health care providers from the hospital and public health as well as community

members. An action plan was suggested and the MCH staff continues to work closely with all stakeholders to find ways to address the needs in breastfeeding, infant and young child feeding.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Women are educated to the benefits and proper techniques of breast-feeding in prenatal and OB/GYN clinics, and on the maternity ward following delivery.	X			
2. A individual and group health education presentations are conducted on the importance of breast-feeding. These are conducted by the Department of Health Nutrition staff.			X	
3. The MCH staff request technical assistance from WHO and other organizations. This led to conducting a needs assessment on infant and young child feeding in American Samoa.				X
4. MCH staff continues to work closely with all stakeholders to find ways to address the needs in breastfeeding and increase rates of breastfeeding.				X
5. The MCH staff works closely with the breastfeeding committee to design an incentive package for mothers to encourage breastfeeding.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
Current activities include the delivery of health education to women in prenatal clinics and maternity wards. The MCH staff is working closely with the breastfeeding committee to design an incentive package for mothers. This incentive package proposes a discounted hospital fee for all women who attend prenatal health education courses offered by the MCH staff. Breastfeeding and other related topics will be taught by the nutrition and health education staff at these classes. Finalization and approval of this proposal is pending.

The MCH program continues to serve as an information resource center on breastfeeding to health care providers and community members as well.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006 the MCH staff will continue to distribute the breastfeeding/infant, young child feeding information resources to health care providers, the community and the media. All other activities from 2005 will continue.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before*

hospital discharge.

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

American Samoa does not perform newborn hearing screening.

Notes - 2003

This measure does not apply to American Samoa as there is no hearing screening provided for newborns.

a. Last Year's Accomplishments

Last Year's Accomplishments:
This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. This Performance Measure is not applicable to American Samoa. American Samoa does not provide newborn hearing screening.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

c. Plan for the Coming Year

Plan for the coming year:
This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

a. Last Year's Accomplishments

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be blow the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 6o% of the population have incomes art or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service

	DHC	ES	PBS	IB
1. This measure does apply to American Samoa. There is no significant level of private insurance available. Health care services are provided by a semi-autonomous government Hospital.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be blow the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 60% of the population have incomes art or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

c. Plan for the Coming Year

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be blow the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 60% of the population have incomes art or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2000	2001	2002	2003	2004

Data					
Annual Performance Objective	0	0	0	0	100
Annual Indicator	NaN	NaN	100.0	100.0	100.0
Numerator	0	0	4937	7602	5493
Denominator	0	0	4937	7602	5493
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2003

Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined with the fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a nominal administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

The data reported for this measure reflect the number of children served by Title V in 2003.

a. Last Year's Accomplishments

Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined wih thte fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a minimal low administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

In 2004 MCH continued to play a key role in the provision of health services to all children of the Territory. All MCH services either direct, enabling, or population based were free of charge to all clients. These services included health assessments, monitoring, referrals, immunizations, health education, medical treatment and dental services to infants and children at the Well Baby/Child clinics, in the homes (for CSHCN), schools, respite care facilities, community based outreach projects and through the school based MCH Dentist.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. American Samoa does not receive Medicaid reimbursement on a fee				

for service basis. The Territory receives a lump sum at a capitated amount. American Samoa Title V plays a monitoring role in this situation.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined wih thte fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a minimal low administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

In 2005 MCH continues to play a key role in the provision of health services to all children of the Territory. All MCH services either direct, enabling, or population based are free of charge to all clients. These services include health assessments, monitoring, referrals, immunizations, health education, medical treatment and dental services to infants and children at the Well Baby/Child clinics, in the homes (for CSHCN), schools, respite care facilities, community based outreach projects and through the school based MCH Dentist.

c. Plan for the Coming Year

In 2006 Title V will continue activities as listed above.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0.45	0.5	0.5	0.5	0.5
Annual Indicator	0.3	0.5	0.4	0.6	0.2
Numerator	5	9	6	10	4
Denominator	1730	1655	1627	1609	1713

Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.5	0.4	0.4	0.3	0.3

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004 the key activity implemented towards preventing very low birth weight births was provision of services at the Tafuna Family health center. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area. The Tafuna Family Health Center serves the largest population of all health centers also with the largest number of births per year. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.

In addition, both MCH nurse practitioners have continue to provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Title V provides prenatal health care at all dispensarieshe MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area.	**X**			
2. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women at the Tafuna Health Center in the most heavily populated area of the island.	**X**			
3. The MCH Nurse practitioner provides prenatal care services at the Amouli health center located on the eastern tip of the island.	**X**			
4. Two MCH nurse practitioners provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.			**X**	
5. MCH staff work closely with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program plannin				**X**
6. Outreach activities are delivered to prenatal women in their district for better follow-up and utilization of services		**X**		
7. An incentive program is provided for women who access early and continuous care.			**X**	
8.				
9.				
10.				

b. Current Activities

Current Activities:

THE MCH staff continues to work closely with the Tafuna Family Health Center to find ways to offer high quality prenatal services at an affordable cost to it's clientele. The health center has absorbed high costs providing laboratory tests to the prenatal patients seen there. Both programs are exploring ways to cover the costs for laboratories in order to continue to provide prenatal care at a minimal cost to the patient.

MCH staff are also working with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program planning.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006 all activities listed above will continue. Additionally, the MCH program will work closely with the Tafuna Family Health Center to increase outreach activities to the prenatal women in their district for better follow-up and utilization of services. An incentive program will also continue for women who access care early and continuously.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	46	45	45	44	43
Annual Indicator	35.8	40.7	35.5	43.1	41.5
Numerator	6	7	6	7	7
Denominator	16775	17193	16916	16247	16857
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	41	40	40	39	38

a. Last Year's Accomplishments

Last Year's Accomplishments:
In 2004 the MCH Program continued efforts to coordinate with other programs and agencies that provide counseling and other serivces related to teen suicide in order to connect teens to the types of services needed. Other government and community based agencies provide preventive activites focuesd on teen suicides.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V continues efforts to coordinate with other programs and agencies that provide counseling and other serivces related to teen suicide in order to connect teens to the types of services needed.		X		
2. Title V interfaces with other agencies and programs on the island which provide services to at-risk teens.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
In 2005 the MCH Program continues efforts to coordinate with other programs and agencies that provide counseling and other services related to teen suicide in order to connect teens to the types of services needed. Other government and community based agencies provide preventive activites focuesd on teen suicides.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006 the MCH program will continue activities listed above.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0

Notes - 2003

This measure does not apply to American Samoa. There is only one birthing facility for all births.

a. Last Year's Accomplishments

This measure does not apply to American Samoa where there is only one birthing facility for all births.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This Performance Measure is not applicable to American Samoa.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This measure does not apply to American Samoa where there is only one birthing facility for all births.

c. Plan for the Coming Year

This measure does not apply to American Samoa where there is only one birthing facility for all births.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	21	22	23	24	25

Objective					
Annual Indicator	16.8	22.7	23.8	25.3	12.2
Numerator	80	128	214	165	65
Denominator	475	565	901	651	531
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13	13	14	14	15

Notes - 2002

The data reported for this measure does not reflect the total number of occurent births for this period rather it is reflective of the data that was collected by the MCH Program. The American Samoa birth certificate does not collect prenatal care information therefore we are not able to report on total live births for the year.

a. Last Year's Accomplishments

In 2004 the key activity implemented towards increasing births to women who accessed care in the first trimester was the provision of services in the Tafuna Family health center. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area. The Tafuna Family Health Center serves the largest population of all health centers also with the largest number of births per year. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.

In addition, both MCH nurse practitioners have continue to provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. The MCH Women's Health Nurse Practitioner provides quality prenatal services to women at the Tafuna Health center, located in the most populated area of the island.	**X**			
2. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.	**X**			
3. Two MCH nurse practitioners provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.		**X**		
4. MCH staff work closely with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program plannin				**X**
5. Title V also provides incentivea for women who access care early and continuously.			**X**	
6. Title V airs radio and television spots encouraging early initiation of prenatal care.			**X**	

7.				
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9.				
10.				

b. Current Activities

Current Activities:
THE MCH staff continues to work closely with the Tafuna Family Health Center to find ways to offer high quality prenatal services at an affordable cost to it's clients. The health center has absorbed high costs providing laboratory tests to the prenatal patients seen there. Both programs are exploring ways to cover the costs for laboratories in order to continue to provide prenatal care at a minimal cost to the patient.

MCH staff are also working with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program planning.

c. Plan for the Coming Year

Plan for the Coming Year:
In 2006 all activities listed above will continue. Additionally, the MCH program will work closely with the Tafuna Family Health Center to increase outreach activities to the prenatal women in their district for better follow-up and utilization of services. An incentive program will also continue for women who access care early and continuously.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	22	23	24	26	26
Annual Indicator		25.7	24.9	25.3	26.5
Numerator		145	224	165	65
Denominator		565	901	651	245
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	26	27	27	27	28

a. Last Year's Accomplishments

2004:
Activities for this performance measure included a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center continued to use perinatal outreach workers in the Tualauta County area. The CHC offers an expanded prenatal care schedule, and women continued to be offered prenatal care after working hours.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. A media campaign encouraging early and continuous prenatal care.			X	
2. Targeted community awareness campaigns			X	
3. The use of educational materials and video resources for use in the Public Health Dispensaries.			X	
4. The Community Health Center will continue to use perinatal outreach workers in the Tualauta County area.		X		
5. Additionally, The CHC will be offering an expanded prenatal care schedule, and women will continue to be offered prenatal are after working hours.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
Activities for this performance measure include a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center continue to use perinatal outreach workers in the Tualauta County area. The CHC offers an expanded prenatal care schedule, and women continue to be offered prenatal care after working hours.

This measure will be continued into the next 5-year cycle.

c. Plan for the Coming Year

2006:
Activities for this performance measure include a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center will continue to use perinatal outreach workers in the Tualauta County area. The CHC will be offering an expanded prenatal care schedule, and women will continue to be offered prenatal care after working hours.

State Performance Measure 2: *Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	40	60	80	90	90
Annual Indicator		59.6	60.1	84.0	98.6
Numerator		96	116	121	145
Denominator		161	193	144	147
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

The CSHCN staff have recently undergone some changes and training. It is anticipated that a better tracking and recording system will result in meeting the target for this measure in 2003.

a. Last Year's Accomplishments

In 2004:
the CSHCN program worked closely with the community based health centers, special education, the Immunization program and hospital staff to ensure that CSHCN were up to date with all age appropriate immunizations. CSHCN staff checked the files of all children in order to identify children who were due for immunizations, coordinated with the health centers and families to schedule an immunization appointment and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. 1. The CSN team provides assessments to these children through an arrangement with ECE.	**X**			
2. 2. Children who do not attend school are urged to attend the dispnsary for an assessment by the Family Nurse Practitioner.	**X**			
3. 3. Children who are not seen in school or dispensary are assessed in the home setting by the CSN team.		**X**		
4. 4. Health education is provided to parents and caregivers of this			**X**	

population to stress the importance of immunizations.				
5. 5. The Tafuna Community Health Center will provide services to all populations including immunizations	X			
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
The CSHCN staff will continued to work closely with children, their families, the health centers and other service providers to ensure age appropriate immunization coverage for it's clients. The CSHCN has also set up referal mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up.

Title V is currently recruiting a new CSHCN Ptogram Director.

c. Plan for the Coming Year

This performance measure will not continue for the next reporting cycle. Activities will continue nonetheless.

State Performance Measure 3: *Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	30	45	55	65
Annual Indicator		59.0	45.1	75.0	47.6
Numerator		95	87	108	70
Denominator		161	193	144	147
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	60	65	70	75

Notes - 2002

The MCH program has gone from only one provider in 2002 to three In 2003. As a result the

Family Nurse Practitioner wil spend more time with the CSHCN program in order to ensure more children receive the services they require.

a. Last Year's Accomplishments

2004:

The CSHCN program worked closely with the community based health centers, special education, the Immunization program and hospital staff to ensure that CSHCN were up to date with their annual re-evaluations. CSHCN staff checked the files of all children in order to identify children who were due for re-evaluations, coordinated with the health centers and families, and schools to schedule appointments for children to be seen. The CSHCN staff saw children in the CSHCN office, in the homes, schools and health centers depending on the individual needs of each child and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Title V provides active case management of all CSN children.		X		
2. 2. Title V coordinates activities and interfaces directly with other agencies who provide services to t				X
3. 3. Development of policies and procedures for the management fo care to this population.				X
4. 4. Home visiting of CSN children when necessary.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
The CSHCN program will continue to work closely with children, their families, the health centers and other service providers to ensure annual re-evaluation for its clients. The CSHCN Program has also set up referal mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up.

This measure will continue in the next reporting cycle.

c. Plan for the Coming Year

2006:
In 2006 the MCH program will strengthen existing partnerships with other service providers to ensure timely and appropriate referrals of children to the program. A new partnership with the child care program will enable the program to also include day care centers and providers in a

referral and identification system for children who attend day care.

State Performance Measure 4: *Percent of Children with Special Health Care Needs (CSHCN) who have received all services recommended by their individual service plans.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	7	10	55	75	85
Annual Indicator		52.6	34.2	70.1	47.6
Numerator		50	66	101	70
Denominator		95	193	144	147
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	60	65	70	75

a. Last Year's Accomplishments

2004:
In 2003 the CSHCN program worked closely with the community based health centers, special education, head start, the Immunization program and hospital staff to ensure that CSHCN received all service recommended for them in their service plans. CSHCN staff checked the files of all children in order to identify children who were referred for servicees, coordinated with the service providers and families to schedule an appointment and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Title V coordinates activities with all other agencies who serve this population.		X		
2. 2. Provides media activities to inform the public of the services provided under Title V for this specil population.			X	
3. 3. Provides assessments and re-evaluations by the Title V Family Nurse Practitioner.	X			

4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
The CSHCN staff continued to work closely with children, their families, the health centers and other service providers to ensure the needed services are provided for it's clients in a timely fashion. The CSHCN has also set up referal mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up.The CSHCN will also continue to update contact numbers for all clients consistently to ensure appropriate follow-up and contact with the child and family.

c. Plan for the Coming Year

2006:
This measure will not be included in the next 5 year reporting cycle. Activities on this measure will continue as described above.

State Performance Measure 5: *Percent of 2, 3, and 4 year olds in the Well Child Clinics who have dental caries.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	85	83	80	75	74
Annual Indicator		29.5	18.3	60.0	2.5
Numerator		169	499	830	135
Denominator		572	2720	1384	5493
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	73	72	71	70	69

Notes - 2002

The MCH Dentist and leadership suspect there is a drastic under reporting of data for this meassure. Changes in data collection, quality checks and additional staff training have been planned to ensure more accurate reporting on this measure.

a. Last Year's Accomplishments

2004:
The MCH have partnered with the District Coordinator and community health centers to provide health education on oral health. The MCH Well baby modules currently used in the health centers includes education on oral health for infants and children. The health center staff are also responsible for conducting oral health screening for all Well Baby/Child clients. Data reported on this measure reflects a weakness in the oral health assessments. Data reported is under reported for the true occurence of dental caries in this population.

The MCH health education staff and dentist also conducted special health education sessions in the Well Baby clinics. Incentives were provided for all clients who attended. Increased media coverage was also implemented for dental health month. Radio spots and TV programs aired on oral health.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Community awareness campaign to inform the public of the services offered by Title V for dental health.			X	
2. 2. Provides free fluoride supplements and multivitamins to children accessing services through Well Baby care	X			
3. 3. Conducted health education to parents and caregivers on the importance of dental health beginning at an early age.			X	
4. 4. Dispensary staff training on recognizing dental problems.				X
5. 5. Development of a referral mechanism for children wh attend well baby care and have observable dental caries.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
Current Activities:
The MCH Dentist, School Dental Team and Health Education staff continue to promote oral health through media campaign and community outreach. Additional funding for children's oral health has been requested to increase the number of portable sealant units for third graders and for the development of curriculum on early childhood oral health.

In the summer months the MCH Dentist also provides services to children accessing WIC and CSHCN clients. The Dentist and the Health Educator will continue to provide oral health education through outreach activities throughout the remainder of 2004.

In 2005 the MCH program will distribute multivitamins and fluoride supplements for all children who attend Well Baby clinics and for children with special health care needs.

c. Plan for the Coming Year

2006:

All activities will continue in 2006. This specific measure will not be reported on. The measure has been modified to measure children in well beby clinics who access dental health services. This will change the focus of the measure towards measuring utilization of services.

State Performance Measure 6: *Percentage of 6 month olds in Well Baby Clinics who are exclusively breastfed.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	12	13	14	30	30
Annual Indicator		30.9	34.8	24.4	34.2
Numerator		344	679	447	499
Denominator		1112	1950	1835	1461
Is the Data Provisional or Final?				Provisional	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	35	37	37	38	39

a. Last Year's Accomplishments

2004:
As a direct healthcare intervention, women were educated to the benefits and proper techniques of breast-feeding in prenatal and OB/GYN clinics, on the maternity ward following delivery. Information on anticipated problems encountered during breast-feeding such as cracked nipples, engorgement, and infection was emphasized. Proper breast-feeding techniques continued to be emphasized as well as what mothers can expect while breast-feeding.

Population based activities included a variety of individual and group level education presentations on the importance of breast-feeding. These were conducted by the Department of Health Nutrition staff. Health education on breastfeeding was also conducted in the Prenatal clinics. The MCH Program continued efforts in order to lay a solid foundation of education and information on breastfeeding during the prenatal period in order to help mothers choose exclusive breastfeeding as a feeding method. The MCH Program continued to make breastfeeding a priority area in its health education efforts at the community level as well.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Development of health education modules promoting breastfeeding during prenatal care and well baby visits			X	
2. 2. Breastfeeding promotion during radio spots and TV programs.			X	
3. 3. Health education materials produced for distribution at dispensaries.			X	
4. 4. Partners with maternity and delivery to encourage breastfeeding as the first choice feeding method.			X	
5. 5. Policy development with the hospital administration to instate rooming in and breast-only policies.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
The above activities continued in 2005. The MCH staff continues health education and public awareness through a multimedia campaign. Radio spots on the breastfeeding continue to air three times daily on both local radio stations. TV programs on breastfeeding continue to air on the local public channel.

Current activities continue to deliver health education to women in prenatal clinics and maternity wards.

c. Plan for the Coming Year

2006.

The above activities will continue but this measure will not be reported on in the next reporting cycle. Title V has decided to measure exclusive breastfeeding at 4 months of age.

State Performance Measure 7: *Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	40.7	38	38	37	37

Objective					
Annual Indicator		37.1	37.1	37.1	37.1
Numerator		294	294	294	294
Denominator		793	793	793	793
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	35	35	34	34	34

a. Last Year's Accomplishments

2004:
MCH and Tobacco Control program also collaborated on the celebration of the World No Tobacco day and the Great American Smoke out. Health walks were organized for those dates, with other exercise activities, church services and other promotional activities were organized for both days.

Plan for the Coming Year:
The MCH Program will continue to partner with the Tobacco Control program to continue tobacco prevention and control activities. A campaign of anti smoking messages is being launched with specific messages targeted to children.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. 1. Collaborates with the Tobacco Control Program in activities for the Great American Smoke-out.			**X**	
2. 2. Conducts media activities to promote tobacco-free choices.			**X**	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

2005:
In 2005 the MCH health educator working on the Tobacco prevention project resigned for family reasons and the Tobacco program coordinator also left the program for service in Iraq. As a result very few tobacco prevention activities currently running.

The senior MCH health educator will work with the existing tobacco control program staff to

continue activities implemented in the past year.

c. Plan for the Coming Year

This measure will continue into the next reporting cycle. Activities will continue as listed in 2005 and 2004.

E. OTHER PROGRAM ACTIVITIES

Filariasis Elimination Campaign: The Title V staff have and will continue to expend a noteworthy amount of time working on the Filariasis Elimination campaign. This is a joint effort with the World Health Organization and CDC that was initiated in 2001 and will continue for five years. The major thrust of the Filariasis Elimination campaign is a Mass Drug Administration (MDA). Title V staff serve in leadership roles for the Community Health Services and Nursing Division in the planning and implementation of the MDA. MCH staff continues to volunteer time after regular working hours to support this campaign. Title V staff continued to participate in this campaign in 2004 & 2005.

Title V staff also assisted in the data collection of the WHO Non-Communicable Disease Survey as well as the Youth Tobacco Survey (YTS)

Title V participated in disabilities awareness week. Staff members conducted screening activities. Staff participated in interagency activities which involved conducting hearing, dental and vision screening.
Title V staff will participate in a number of conferences and workshops held off-island:

Two MCH staff members will attend the MCH Grant Review in Honolulu.
Title V staff will be represented at the annual Partnership meeting. Travel funds previously budgeted for travel have been reallocated to allow for other inputs, more vital to Title V programming.

MCH HOTLINE
The MCH hotline number is widely publicized and members of the public are urged to call with concerns.

F. TECHNICAL ASSISTANCE

The highest priority of Technical Assistance continues to be in the area of Data Systems Development and Data Analysis/Interpretation. The overall results of SSDI are expected to improve data collection activities significantly. However, both MCH and SSDI Programs will continue to benefit from technical assistance in the area of Data Systems Development. This is reflected as the highest priority on Form 15.

V. BUDGET NARRATIVE

A. EXPENDITURES

The Title V program does not anticipate any discrepancies between funds budgeted and those expended. Title V will monitor this situation and report any differnces in spending in the future.

B. BUDGET

The MCH budget summary by populations served are as follows:
Pregnant Women and Infants $162,053.
Children and Adolescents $159,856.
Children with Special Health Care Needs $162,015.

The allocation by type of service is below:
Direct Services $228,825.
Enabling Services $87,675
Population Based Services $25,008
Infrastructure Building Services $133,122

The combined Federal-Local MCH Partnership allocation reflects 43% for Direct health care services, 17% for Enabling Services, 5% for Population Based Services, and 25% for Infrastructure building services. Direct health care services continue to be the highest in spending. This is because the Department of Health and the MCH Program deliver all primary and preventive health services at no cost to the consumers. This enables access to care for all populations. This becomes increasingly important when some clients have identified the administrative fees charged at the hospital to be a barrier to accessing health/medical services. The allocation for Infrastructure Building Services are the second highest as the MCH continues to play a leadership role in the Division of Community health and Nursing Services.

The Budget summaries by category for Title V dollars requested are below.

Personnel $429,508.00
There are 16 full time personnel currently on the MCH budget and two new positions requested. This current personnel includes two Nurse Practitioners, one full time physician (pediatrician), one dentist, one Registered Nurse serving as the Inservice Coordinator, two Licensed Practical Nurses serving as the District (health center) Coordinator and the Family Planning Outreach Nurse, two community health care assistants serving in the Well Baby Clinics, two nutritionists, one health educator, a program coordinator, and a data clerk.

There are two new positions requested, a CSHCN Nurse/case manager and an Occupational Therapy Aid. The CSHCN Program was previously supervised by a nursing supervisor transfered from the communicable diseases division. A shift in needs for that area has necessitated moving her back to the communicable diseases clinic leaving the CSHCN Program without a full time Nurse/case manager. Funds are requested to hire a new CSHCN Nurse/case manager who will be 100% FTE for the CSHCN program. This individual will be responsible for direct health care services, care coordination and case management for all CSHCN clients. The Occupational Therapy Aid is a position currently funded through the Developmental Disablities Planning Counsel for the CSHCN program however in 2005 the MCH program will absorb her salary. Funding from DDPC will be requested to recruit an occupational therapist for the CSHCN.

As 12 of the 16 positions are service providers direct health care servics account for 47% of personnel costs.

Supplies $13,490.00
Supplies for 2005 include dental sealants and toothbrushes for children, iron and multivitamin

supplements,and hemoglobin testing supplies for Perinatal and Well Baby/Child Clients as well as urine test strips for Prenatal clients and general office supplies.

Equipment $.00

Other $20,500.00
This amount includes $7,000 to continue the multimedia campaign for all MCH service areas, $1,000 in Printing costs for miscellaneous forms used in the MCH clinics, $3,000 for CSHCN family participation activities, $1,000 for health education materials, $1,000 for CSHCN assistive devices, $1,000 for AMCHP membership, $1,500 for long distance telephone costs, and $5,000 to offset laboratory costs for prenatal clients accessing care at the Tafuna Family Health Center.

Travel $11,138.00
Travel funds are requested for 2 persons to attend the Region 9 annual grant reviews, and 1 person to attend the MCHB Grantee (Partnership) meeting.

The detailed MCH budget has been included as an attachment to this document.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.